



## Thompson-Hickman County Library Library Card Application

THANK YOU FOR PRINTING CLEARLY!

NAME \_\_\_\_\_  
FIRST LAST MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
STATE ZIP

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DAY MONTH YEAR

DRIVERS LICENSE/ID \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_/\_\_\_\_\_  
AREA CODE PREFIX NUMBER

EMAIL \_\_\_\_\_ Case Sensitive? Y N

PLEASE READ AND SIGN THE FOLLOWING:

***I agree to abide by the policies of the Thompson-Hickman County Library and to notify the library when any of the above information changes. In accordance with Montana law, I understand that the library records will be kept confidential and that the library discourages users from sharing their library cards. I will be responsible for all materials borrowed on the card.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*SIGNATURE OF PARENT OR LEGAL GUARDIAN, IF UNDER 15 YEARS OF AGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\*\*I understand that children have access to all materials in the library, and that I accept responsibility for monitoring my child's access to print, media, and electronic formats, including the Internet.***

01/21/2016